

**EXHIBIT B**

| Patient Name  | PatientID  | Patient DOB  | Company Name   |
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| JOSEPH MURRAY   | 1352   | 7/4/1937   | Medical Oncology   |
| Subjective  | Objective  | Assessment   | Plan   |
| 2/28/2003   | HOSP   |  |  |
| The patient comes in with diabetes, increased insulin. He is very anxious about upcoming chemotherapy. He has continuous nausea and most importantly, diarrhea which has been unrelenting. He is still taking huge quantities of Imodium. The patient does  | Temperature is 99, BP is 142/66. In general alert and oriented x 3. HEART: S1, S2. LUNGS: Clear. ABDOMEN: Soft. Positive bowel sounds. EXTREMITIES: No clubbing, cyanosis or edema. NEUROLOGIC: Cranial nerves II-XII intact.  | Rectal carcinoma, Stage III.   | Will restart chemotherapy 5-FU continuous infusion on Monday through Friday. After the completion of radiation therapy would continue with therapy but most importantly will try to advocate weekly chemotherapy instead of the five days in a row but this              |
| 3/18/2003   | HOSP   | DAVID R CLARKSON ONCOLOGY  |  |
| NOTE FROM XRT   |  |  |  |
| 3/18/2003   | HOSP   | DAVID R CLARKSON ONCOLOGY  | DR.KRENTEL   |
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| 3/25/2003   | HOSP   |  |  |
| The patient comes in today for continuation of care of his rectal cancer. He stopped radiation therapy on 03/11, which was a mutual decision between him and Dr. Crentel. The patient apparently had such bad diarrhea pain and urgency. He saw Dr. Crentel | Weight 176. Temperature 96. BP 110/50. General: alert and oriented to 3. Heart: S1, S2. Abdomen: soft, nontender. Extremities: no clubbing, cyanosis or edema.   | Rectal carcinoma, Stage II, with intolerable diarrhea, unable to complete course of adjuvant radiation therapy | Continue chemotherapy. Patient will return on the 31st to get 5FU as an infusion. Will actually continue and plan for at least two more cycles of 5FU if the patient is able to tolerate it. After the initial infusion of 5FU, may consider in the future giving him 5U |
| 4/22/2003   | HOSP   |  |  |
| The patient comes in today feeling fine without any complaints.   | Weight 173, temperature 97, BP is 120/78. In general, alert and oriented x 3. Not in acute distress. HEENT: Normocephalic, atraumatic. NECK: Supple. HEART: S1, S2. LUNGS: Clear. ABDOMEN: Soft, positive bowel sounds. EXTREMITIES: No clubbing, cyanosis or edema. | 1) Rectal carcinoma. 2) Soft tissue infection. Possible line infection.  | Would start Keflex, get blood cultures x 2. If blood cultures are normal, then will continue just with empiric antibiotics for soft tissue infection. If line is positive, then would pull line prior to next chemotherapy planned. Chemotherapy is                      |
| 5/7/2003  | HOSP   |  |  |
| The patient comes in today feeling good without any complaints, eating and sleeping well. The patient   | Weight 178, temperature 97, BP is 120/80. In general, alert and oriented x 3. Not in acute distress. HEART: S1, S2.  | Rectal carcinoma, Stage II.  | Continue chemotherapy. The patient will return May 27th for continuous infusion chemotherapy. This will  |

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| describes anxiety due to the fact that he is going on a working vacation. |      |   | consist of 5-FU. The patient will plan for three more cycles of chemotherapy. At that point the patient should be restaged.   |
| 5/27/2003   | HOSP | OBSERVATION: WT 180 BP: 128/68 TEMP 98 General: Alert and oriented x3. HICKMANN CATHETER WELL POSITIONED WITHOUT INCIDENT, REDNESS DIMINISHED FROM PRIOR. PHYSICAL EXAMINATION: Well-developed, well-nourished HEENT:                               | Colorectal carcinoma.<br><br>CONTINUE 5FU. PATIENT WILL RECEIVE IT TOMORROW. FOLLOWUP IN 1 MONTH FOR CONTINUATION OF CHEMOTHERAPY PROTOCOL.   |
| 6/24/2003   | HOSP | Temperature: 99, BP: 120/70. PHYSICAL EXAMINATION: Well-developed, well-nourished HEENT: Negative. THYROID: Normal. LUNGS: Clear to auscultation. No wheezing or rhonchi. HEART: Regular rhythm and without murmurs. BREAST EXAM: Normal.           | 5FU infusion. This is last day of treatment for his colorectal carcinoma and patient to be restaged.  |
| 7/1/2003  | HOSP | Weight 182, BP 120/64, temperature 98. PHYSICAL EXAMINATION: Well-developed, well-nourished HEENT: Negative. THYROID: Normal. LUNGS: Clear to auscultation. No wheezing or rhonchi. HEART: Regular rhythm and without murmurs. BREAST EXAM: Normal. | IMPRESSION: Rectal carcinoma completed prescribed course of 5 Fluorouracil.<br><br>PLAN: Continue supportive care and observation. Patient to have scans scheduled by his surgeon in approximately 3 months. Will see the patient thereafter. |
| 7/15/2003   | HOSP | Weight 186, temperature 97, blood pressure is 120/60. HCT WBC PLT AGC ECOG  | 1. Rectal carcinoma, currently NAD.<br><br>Continue follow-up. CT scans in October.   |
| 4/1/2005  | HOSP | DAVID R CLARKSON ONCOLOGY<br><br>COLONOSCOPY NEGATIVE   |   |

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| 5/1/2005  | HOSP  | DAVID R CLARKSON ONCOLOGY  |   |
| UNDERWENT HEPATECTOMY DR THOMPSON FOR REMOVAL OF LIVER METS   | UNDERWENT HEPATECTOMY DR THOMPSON FOR REMOVAL OF LIVER METS       | UNDERWENT HEPATECTOMY DR THOMPSON FOR REMOVAL OF LIVER METS  | UNDERWENT HEPATECTOMY DR THOMPSON FOR REMOVAL OF LIVER METS   |
| 5/24/2005   | HOSP  | DAVID R CLARKSON ONCOLOGY  |   |
| TELEPHONIC DR THOMPSON RE POSS ADJUVANT FOLFOX/GROSHONG PLACEMENT   | TELEPHONIC DR THOMPSON RE POSS ADJUVANT FOLFOX/GROSHONG PLACEMENT | TELEPHONIC DR THOMPSON RE POSS ADJUVANT FOLFOX/GROSHONG PLACEMENT  | TELEPHONIC DR THOMPSON RE POSS ADJUVANT FOLFOX/GROSHONG PLACEMENT   |
| 6/1/2005  | HOSP  | DAVID R CLARKSON ONCOLOGY  |   |
| HISTORY OF PRESENT ILLNESS  | CEA 1.5   | HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION-- | CANDIDATE FOR POST HEPATECTOMY FOLFOX AND AVASTIN RX...HOLD AVASTIN 6 WEEKS...HAS INFUSAPORT...HAS RECEIVED VENOFER FOR 4 INJECTIONS AND WILL CONTINUE W/INFED WKLY EA BUTTOCK...IF HEMOCULTS WKLY X6 ARE POSITIVE WILL NEED REPEAT |
| 6/2/2005  | HOSP  | Eric P Walker PA-C Oncology  |   |
| Avastin + FOLFOX 4 for metastatic and adjuvant  |   |  |   |
| 6/6/2005  | SMH   | DAVID R CLARKSON ONCOLOGY  |   |
|   | wbc 5.9 anc 4.2 hgb 9.9 hct 31.6 plt 230.                         | HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION-- | 06/06/05 Oxaliplatin 160mg d1, Leucovorin 380mg d1 & 2, 5FU 765mg IV bolus d1 & 2, 5FU 1150mg IVCI over 22hrs d1 & 2, Aranesp support (sl).   |
| 6/13/2005   | SMH   | DAVID R CLARKSON ONCOLOGY  |   |
| LONG DISCUSSION RE TOXICITY LAST WK...DIARRHEA...?? CHANGES IN REGIMEN TO LIMIT TOXICITY NXT TIME...MENTAL OBTUNDATION W/?PHENERGAN... THE SHAKES (DEX) |   | HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION-- | DSE REDUCE 25% NXT TIME DUE TO TOXIC SIDE EFFECTS...CANNOT GO BACK TO ORIG FU IN MY OPINION. CLARKSON   |

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| 6/20/2005   | SMH  | Eric P Walker PA-C Oncology   |   |
| RAPID RECOVERY!!....GO TO 25%<br>DSE REDUCTION....Avastin + FOLFOX 4 for metastatic and adjuvant **dose reduced** | wbc 4.6 anc 3.3 hgb 11.1 hct 34.3 plt 281.                 | CHEMO MGMT<br>HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--          | 6/20/05 Eloxatin 125mg, Leucovorin 300mg D1&2, 5FU 610mg D1&2, 5FU 920mg over 22hrs D1&2 (vii). PROCEED W/NXT RX...DSE REDUCE...AVASTIN NXT TIME...DISCUSS PHASE 1 TRIALS AT HIS REQUEST.   |
| 6/20/2005   | SMH  | Eric P Walker PA-C Oncology   |   |
| Avastin + FOLFOX 4 for metastatic and adjuvant **dose reduced**   |  |   |   |
| 6/27/2005   | SMH  | DAVID R CLARKSON ONCOLOGY   |   |
| DIARRHEA!!!!  | wbc 2.7 anc 1.3 hgb 10.8 hct 34.8 plt 249.                 | DIARRHEA ADR/FOLFOX<br>HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION-- | CONT TO HOLD AVASTIN...NO CRAMPS SO WD NOT USE OCTRETIIDE...ON LOMOTIL AND IMOD...ALREADY DSE REDUCE...?ELIMINATE FU..HPYLORII...CDIF ORDERED   |
| 7/6/2005  | SMH  | DAVID R CLARKSON ONCOLOGY   |   |
| toler CHEMORX ONLY FAIR...lots of side effects with diarrhea after chemorx then constipn..                        | H PYLORII NEG...wbc 4.8 anc 3.5 hgb 11.6 hct 38.1 plt 302. | CHEMO MGMT<br>HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--          | RX DELAY HURRICANE PAT REQUESTS...PROCEED W/CYCLE 2 JULY 11   |
| 7/11/2005   | SMH  | DAVID R CLARKSON ONCOLOGY   |   |
| ANSWERED QUESTIONS...DISCUSSED RATIONALE OF DSE REDUCTION AGAIN WITHOUT FURTHER MODIFICATION                      | wbc 4.6 anc 3.2 hgb 10.9 hct 35.6 plt 373.                 | CHEMO MGMT<br>HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--          | 07/11/05 Oxaliplatin 125mg D1, Leucovorin 300mg d1-2, 5FU 610mg IVPB d1, 5FU 920mg CIV over 22hrs. d1-2 (sl). CONTG TO HOLD AVASTIN...PROCEED W/CYCLE 3 DSE REDUCED....IF FURTHER GI TOX??PARTIAL HEPATX...CONSIDER CHANGE TO XELODA... |
| 7/25/2005   | SMH  | DAVID R CLARKSON ONCOLOGY   |   |
| FOR RX TODAY...HAS SOME IRRITATION AT PORT SITE   | wbc 3.9 anc 3.0 hgb 10.6 hct 34.8 plt 183.                 | CHEMO MGMT HEPATECTOMY FOR REMOVAL OF LIVER   | 07/25/05 Oxaliplatin 125mg d1, Leucovorin 300mg d1 & 2, 5FU 610mg IVPB  |

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|                               |  | METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--   | d1 & 2, 5FU 920mg IVCI over 22hrs d1 & 2, Aranesp support (sl). HOLD KEFLEX AND CULT GROSH EXIT...LAST RX DAY THIS WEEK...2WKS   |
| 8/1/2005                      | SMH  | DAVID R CLARKSON ONCOLOGY  |  |
|                               | wbc 2.9 anc 1.8 hgb 11.9 hct 37.8 plt 265. |  |  |
| 8/8/2005                      | SMH  | DAVID R CLARKSON ONCOLOGY  |  |
| TOLER DSE REDUCED CHEMO SATIS | wbc 4.4 anc 3.2 hgb 11.6 hct 37.4 plt 151. | CHEMO MGMT<br>HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--                                | 08/08/05 Oxaliplatin 125mg d1, Leucovorin 300mg d1-2, 5FU 610mg IV d1-2, 5FU 920mg IVCI over 22hrs. d1-2, Aranesp support (sl). CBC SATIS AND SXS SATIS??FOLFOX...2WKS |
| 8/15/2005                     | SMH  | DAVID R CLARKSON ONCOLOGY  |  |
|                               | wbc 3.1 anc 1.6 hgb 11.6 hct 37.7 plt 151. |  |  |
| 8/21/2005                     | SMH  | DAVID R CLARKSON ONCOLOGY  |  |
| HISTORY OF PRESENT ILLNESS    | HCT 36 WBC 3.2 PLT 111                     | FEBRILE ILLNESS UNSPECIFIED AFTER CHEMORX<br>HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION-- | ADMIT FOR IVFS AND ABX.. CLARKSON  |
| 8/22/2005                     | SMH  | DAVID R CLARKSON ONCOLOGY  |  |
|                               | wbc 5.1 anc 3.8 hgb 12.2 hct 38.4 plt 98.  | HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--  | CANCEL TODAYS VISIT IN VIEW OF HOSPITALIZATION...RETURN FOR RX ONE WK IF AGC>1500...RV CBC CEA 3 WKS.  |
| 8/29/2005                     | SMH  | DAVID R CLARKSON ONCOLOGY  |  |
|                               |  |  | RESUME FOLFOX IF AGC   |

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|                                   |  |   | >1500...RETURN 2WKS.   |
| <u>9/12/2005</u>                  | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
| SOME ABDOMINALGIA AND<br>DIARRHEA | CEA 1.6, ferritin 27, wbc 6.9<br>hgb 13.1 hct 40.3 plt<br>194. | CHEMO MGMT...BORDER<br>THROMBOOPENIA<br>HEPATECTOMY FOR REMOVAL<br>OF LIVER METS-4/2005-RECTAL<br>CA2/2003 SP ADJUVANT LV FU<br>AND<br>PELVIC XRT--CHEMORX --<br>IRONDEFIC<br>ANEMIA--PRIOR HPYLORII<br>INFECTION-- | 9/12/05 Oxaliplatin 125mg,<br>Leucovorin 300mg D1&2, 5Fu<br>610mg D1&2, 5Fu 920mg over<br>22hrs D1&2.<br>(vii), MONITOR PLT ON<br>CHEMORX...CONTG FOLFOX...RV<br>2WKS...                   |
| <u>9/19/2005</u>                  | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
|                                   | wbc 7.3 anc 5.5 hgb 12.1 hct<br>39.5 plt 151.                  |   |  |
| <u>9/26/2005</u>                  | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
| TOLER CHEMORX WELL                | wbc 5.0 anc 3.8 hgb 11.8<br>hct 36.5 plt 160.                  | CHEMO<br>MGMT HEPATECTOMY<br>FOR REMOVAL OF LIVER<br>METS-4/2005-RECTAL CA2/2003<br>SP<br>ADJUVANT LV FU AND PELVIC<br>XRT--CHEMORX --IRONDEFIC<br>ANEMIA--PRIOR HPYLORII<br>INFECTION--                            | 9-26-05 Oxaliplatin 125mg,<br>Leucovorin 300mg, 5FU<br>610mgIVPB,5FU 920mg CI over<br>22hrs,Aranesp<br>protocol,jsa--CONTG CHEMO<br>.UPDATE CEA..2WKS...                                   |
| <u>10/10/2005</u>                 | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
| toler CHEMORX OK                  | wbc 4.5 anc 3.2 hgb 12.2 hct<br>38.2 plt 106.                  | MILD THROMBOOPENIA--chemo<br>mgmt<br>HEPATECTOMY FOR<br>REMOVAL OF LIVER<br>METS-4/2005-RECTAL CA2/2003<br>SP<br>ADJUVANT LV FU AND PELVIC<br>XRT--CHEMORX --IRONDEFIC<br>ANEMIA--PRIOR HPYLORII<br>INFECTION--     | 10/10/10 Oxaliplatin 125mg,<br>Leucovorin 300mg d1, 5FU 610mg<br>IVPB d1-2, 5FU 920mg IVCI over<br>22hrs d1-2 (sl). CONTG CHEMO<br>MGMT FOR PLT>90<br>AGC>1500..ALMOST TO 6 MOS<br>GOAL... |
| <u>10/17/2005</u>                 | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
|                                   | wbc 3.4 anc 2.5 hgb 12.6 hct<br>38.7 plt 109.                  |   |  |
| <u>10/24/2005</u>                 | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
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|  | wbc 5.5 anc 3.8 hgb 12.5 hct 39.6 plt 143. |  | 10/24/05 Eloxatin 125mg, Leucovorin 300mg D1&2, 5FU 610mg D1&2, 5FU 920mg over 22hours D1&2 (vii).                             |
| <u>10/31/2005</u>  | SMH  | DAVID R CLARKSON ONCOLOGY  |  |
|  | wbc 4.0 anc 2.6 hgb 12.8 hct 39.8 plt 135. |  |  |
| <u>11/7/2005</u>   | SMH  | DAVID R CLARKSON ONCOLOGY  |  |
|  | wbc 4.9 anc 3.4 hgb 12.6 hct 39.5 plt 96.  |  |  |
| <u>11/14/2005</u>  | SMH  | DAVID R CLARKSON ONCOLOGY  |  |
| HELD LAST WEEK...  | wbc 5.2 anc 3.9 hgb 12.6 hct 39.3 plt 127. | HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--                                 | RECOVERY/ PANCYTOPENIA AND PROCEED W/FOLFOX...   |
| <u>11/21/2005</u>  | SMH  | DAVID R CLARKSON ONCOLOGY  |  |
| IMPROVING AFTER DIARRHEA W/LAST RX..TWO MORE REMAIN IN THIS SERIES ON DSE DECR | wbc 5.4 anc 4.2 hgb 13.5 hct 41.6 plt 131. | CHEMO MGMT HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--                      | IF DIARRHEA RESOLVES>>MORE RX..SAME DSE REDUCTION AS BEFORE IF SXS TOTALLY CLEAR.  |
| <u>11/28/2005</u>  | SMH  | DAVID R CLARKSON ONCOLOGY  |  |
| EARLY P NEUROPATHY...  | wbc 6.4 anc 4.5 hgb 12.6 hct 40.8 plt 132. | CHEMO MGMT...EARLY P NEUROPATHY HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION-- | 11-28-05Oxaliplatin 125mg, Leucovorin 300mg, 5FU 610mgIVP, 5FU 920mgCI over 22hrs, ja==CONTG W/PENULTIMATE CHEMORX... CLARKSON |
| <u>12/5/2005</u>   | SMH  | DAVID R CLARKSON ONCOLOGY  |  |
| HAVING PARESTHESIAS OF FINGERS..   | wbc 3.5 anc 2.2 hgb 13.4 hct 42.0 plt 133. | CONCLUSION/ADJ CHEMO MGMT periph   | CONCLUDE CHEMO ONE RX EARLY BECAUSE OF P   |

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|   |  | NEUROPATHY--- HEPATECTOMY<br>FOR REMOVAL OF LIVER<br>METS-4/2005-RECTAL CA2/2003<br>SP<br>ADJUVANT LV FU AND PELVIC<br>XRT--CHEMORX --IRONDEFIC<br>ANEMIA--PRIOR HPYLORII<br>INFECTION--                        | NEUROPATHY...WILL SEE<br>IMMEDIATELY AFTER CT/A<br>ON JAN 10...  |
| <u>12/12/2005</u>   | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
|   | wbc 4.2 anc 3.0 hgb 13.2 hct<br>41.7 plt 113.  |   |  |
| <u>1/23/2006</u>  | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
| FORMICATION FROM CHEMORX<br>AND P<br>NEUROPATHYREVD RESULTS OF<br>CT/A CT/T         | CT/T NEG POST SURG CHANGES<br>OF<br>LIVER      | NED STATUS periph<br>NEUROPATHY--- HEPATECTOMY<br>FOR REMOVAL OF LIVER<br>METS-4/2005-RECTAL CA2/2003<br>SP<br>ADJUVANT LV FU AND PELVIC<br>XRT--CHEMORX --IRONDEFIC<br>ANEMIA--PRIOR HPYLORII<br>INFECTION--   | RV 3MOS CEA CMP<...NO<br>NEURONTIN FOR NOW...REVD<br>RESULTS NEG STAGING EVAL  |
| <u>4/17/2006</u>  | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
|   | CEA 1.3. wbc 7.0 hgb 14.9 hct<br>43.4 plt 186. |   |  |
| <u>4/24/2006</u>  | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
| DOING WELL...RECENT EXAM DR<br>LEE<br>THOMPSON AND CT/A SET FOR<br>ONE<br>MONTH.... |  | NED/COLON CA periph<br>NEUROPATHY--- HEPATECTOMY<br>FOR REMOVAL OF LIVER<br>METS-4/2005-RECTAL CA2/2003<br>SP<br>ADJUVANT LV FU AND PELVIC<br>XRT--CHEMORX --IRONDEFIC<br>ANEMIA--PRIOR HPYLORII<br>INFECTION-- | TUMOR MRKR NORMAL...EXAM<br>NORMAL...AT ADVERSE RISK<br>OBVIOUSLY...CONTG<br>SURVEILLANCE...RV 3MOS CEA<br>CMP...COPY OF CT/A REPT WHEN<br>AVAILABLE.... |
| <u>5/31/2006</u>  | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
|   | CEA 2.08.                                      | periph<br>NEUROPATHY--- HEPATECTOMY<br>FOR REMOVAL OF LIVER<br>METS-4/2005-RECTAL CA2/2003<br>SP<br>ADJUVANT LV FU AND PELVIC<br>XRT--CHEMORX --IRONDEFIC<br>ANEMIA--PRIOR HPYLORII<br>INFECTION--              |  |

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| <u>7/26/2006</u>  | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
| GOOD NEWS ON CT/A<br>CT/P!!SURVEILLANCE...RV 4MOS<br>TUMOR MRKR CMP...  | CT/A NEG CT/P NEG                                | periph<br>NEUROPATHY— HEPATECTOMY<br>FOR REMOVAL OF LIVER<br>METS-4/2005-RECTAL CA2/2003<br>SP<br>ADJUVANT LV FU AND PELVIC<br>XRT—CHEMORX —IRONDEFIC<br>ANEMIA—PRIOR HPYLORII<br>INFECTION--             | GOOD NEWS ON CT/A<br>CT/P!!SURVEILLANCE...RV 4MOS<br>TUMOR MRKR CMP...                       |
| <u>1/8/2007</u>   | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
| FEELS GREAT!! HAS NEW<br>REFRIGERANT PROD COMING<br>OUT..WRKG10 HR ....   | CEA 2.13. wbc 8.5 hgb 15.1 hct<br>44.8 plt 206.  | OBSERVATION periph<br>NEUROPATHY— HEPATECTOMY<br>FOR REMOVAL OF LIVER<br>METS-4/2005-RECTAL CA2/2003<br>SP<br>ADJUVANT LV FU AND PELVIC<br>XRT—CHEMORX —IRONDEFIC<br>ANEMIA—PRIOR HPYLORII<br>INFECTION-- | WANTS TO QUIT SMOKING ...NO<br>COMPLAINTS...RV<br>3MOS ...UPDATE<br>CEA.                     |
| <u>4/25/2007</u>  | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
| NO NEW SXS...VERY BUSY...   | CEA 1.90 wbc 6.4 hgb 14.8 hct<br>43.8 plt 205.   | NED/ periph<br>NEUROPATHY--- HEPATECTOMY<br>FOR REMOVAL OF LIVER<br>METS-4/2005-RECTAL CA2/2003<br>SP<br>ADJUVANT LV FU AND PELVIC<br>XRT—CHEMORX --IRONDEFIC<br>ANEMIA—PRIOR HPYLORII<br>INFECTION--     | FUTURE CT/LIVER CONTG NED<br>STATUS AND STABLE NOR TUMOR<br>MRKR ...RV 3MOS MRKR CMP         |
| <u>8/1/2007</u>   | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
|   | wbc 9.4 hgb 15.1 hct 44.9 plt<br>228.            |   |  |
| <u>11/28/2007</u>   | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
| HAS CT/LIVER PENDING IN<br>DEC WITH CC TO MYSELF...LOST<br>WT WITH RECENT ACUTE<br>BRONCHITIS..CEA<br>PENDING...TENDER IN RUQ | wbc 7.9 hgb 13.1 hct 40.8 plt<br>288. TENDER RUQ | TENDER RUQ periph<br>NEUROPATHY— HEPATECTOMY<br>FOR REMOVAL OF LIVER<br>METS-4/2005-RECTAL CA2/2003<br>SP<br>ADJUVANT LV FU AND PELVIC<br>XRT—CHEMORX --IRONDEFIC<br>ANEMIA—PRIOR HPYLORII<br>INFECTION-- | CMP AND CEA<br>PENDING ...WILL HOLD<br>UPDATE PET UNTIL<br>AFTER CT/LIVER ALREADY<br>ORDERED |
| <u>1/30/2008</u>  | SMH  | DAVID R CLARKSON ONCOLOGY   |  |
| HAD RECENT NEG CT/ABDOMEN<br>STONE DISEASE AND STONE<br>LITHOTRIPSY...  | wbc 7.5 hgb 11.6 hct 35.7 plt<br>278.            | TOBACCO ABUSE periph<br>NEUROPATHY— HEPATECTOMY<br>FOR REMOVAL OF LIVER<br>METS-4/2005-RECTAL CA2/2003<br>SP  | CONTG OBSERVATION RV WITH<br>PET<br>CT ....  |

|           |     |  |   |
|-----------|-----|--|---|
|           |     | ADJUVANT LV FU AND PELVIC<br>XRT--CHEMORX --IRONDEFIC<br>ANEMIA--PRIOR HPYLORII<br>INFECTION--LT KIDNEY STONE<br>AND<br>BLADDER/LITHOTRIPTER   |   |
| 7/30/2008 | SMH | DAVID R CLARKSON ONCOLOGY<br><br>NED STATUS TOBACCO ABUSE<br>periph<br>NEUROPATHY--- HEPATECTOMY<br>FOR REMOVAL OF LIVER<br>METS-4/2005-RECTAL CA2/2003<br>SP<br>ADJUVANT LV FU AND PELVIC<br>XRT--CHEMORX --IRONDEFIC<br>ANEMIA--PRIOR HPYLORII<br>INFECTION--LT KIDNEY STONE | CONTG OBSERVATION; RV 6MOS<br>UPDATED CEA AND<br>CMP ...FUTURE<br>CT/A SURVEILLANCE |

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